

## MEDICAL HOME ASSESSMENT SURVEY FOR PHYSICIANS

**We are interested in learning more about the key components of care that physicians feel are important for children with special health care needs. We would like to better understand how the medical home model works in our area and possible barriers to its implementation.**

Please indicate the extent to which you agree or disagree with the following statements regarding activities that can enhance the care of children with special health care needs.

Please use the following definition of children with special needs when answering the survey questions:

*Children with special needs are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.*

	Most of the Time 1	Sometimes 2	Occasionally 3	Never 4	Never & I don't feel it is needed 5	What are the barriers to doing this? (Circle all that apply)
<b>Accessibility</b>						
1A. Patients in my practice have telephone access to someone 24 hours a day, 7 days a week.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
1B. In an emergency, someone from my practice who knows how to care for children with special needs is available to see a child in the middle of the night or on weekends.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
1C. Weekday evening appointments are available in my practice.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
1D. Weekend appointments are available in my practice.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
1E. My practice is accessible by public transportation.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6

	Most of the Time 1	Sometimes 2	Occasionally 3	Never 4	Never & I don't feel it is needed 5	What are the barriers to doing this? (Circle all that apply)
1F. My office accepts patients with Medi-Cal, California Children Services (CCS), and Healthy Families (circle all that apply).	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
1G. Parents may use fax, voice mail or email to contact me (circle all that apply).	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
1H. My patients and their families are able to speak directly to me when needed instead of talking with someone from my staff.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
1I. My practice offers a range of payment options for families, including sliding scales or payment plans for families who request this.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
<b>Family-Centered</b>						
2A. I develop a collaborative relationship with the child's family to ensure good health care.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
2B. I have created an office environment that is comfortable for all of the families who are in my practice.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
2C. I attempt to explore all health care options with the family.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
2D. In my practice families play a central role in care coordination for their child by participating in decisions about the nature of their child's care and treatment.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6

	Most of the Time 1	Sometimes 2	Occasionally 3	Never 4	Never & I don't feel it is needed 5	What are the barriers to doing this? (Circle all that apply)
2E. I acknowledge the expertise families have in caring for their child and it is not unusual for a parent to teach me about new aspects of their child's condition.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
2F. I encourage parents to take notes, ask questions and keep records of their child's care.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
2G. I encourage parents to meet other families who have children with special needs.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
2H. I collaborate with families to develop an appropriate care plan for their child.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
2I. I help families identify coping strategies that they have used in the past, additional coping strategies they might use, and help them build on their strengths.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
2J. I schedule extra time for an office visit when seeing a child with special needs. (Or, if the parents request extra time)	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
<b>Comprehensive</b>						
3A. As part of coordinating the child's care, someone in my office, or myself, contacts the school about the child's health and educational needs if the family desires.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
3B. If not myself, someone in my office discusses potential needs families might have for services such as respite care, equipment, or transportation.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6

	Most of the Time 1	Sometimes 2	Occasionally 3	Never 4	Never & I don't feel it is needed 5	What are the barriers to doing this? (Circle all that apply)
3C. In my practice, information about other services and resources such as Medi-Cal, CCS, Regional Centers, Healthy Families, Head Start or WIC is provided (circle all that apply).	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
3D. In my practice, we provide preventative and primary care to children with special needs including immunizations, screening, growth monitoring, and developmental monitoring.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
3E. In my practice, families are referred to non-medical services in the community that meet their specific needs.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
3F. In my practice, written information on a variety of issues affecting children and families is provided to and reviewed with families.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
3G. At each visit I assess the current social, emotional, educational, and health status of the child.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
3H. If not myself, someone in my office links families who are interested with family supports, including support groups, parent-to-parent groups, and other resources.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
<b>Continuous</b>						
4A. If not myself, someone in my office assists the family at various transition points in their child's care, for instance, transitions between providers, transitions between payors, and transitions between child and adult health services.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
4B. When a child is hospitalized, I meet with the discharge planning team to assist with the child's transition back to the community.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6

	Most of the Time 1	Sometimes 2	Occasionally 3	Never 4	Never & I don't feel it is needed 5	What are the barriers to doing this? (Circle all that apply)
4C. My practice includes both children and adolescents.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
<b>Coordinated</b>						
5A. When a child is referred to a specialist, someone in my office, or myself, assists the family in setting up the appointment and communicating the clinical issues to that specialist.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
5B. I refer a child to a pediatric sub-specialist when needed.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
5C. I refer a child to a mental health specialist when needed.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
5D. I consider myself the primary coordinator of medical care for the children with special health needs in my practice.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
5E. If not myself, someone in my office participates in the child's Individual Family Services Plan (IFSP) or Individual Education Plan (IEP) process either by phone, letter, or at the actual conference.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
5F. If not myself, someone in my office coordinates the child's care among multiple providers seen by the child.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
5G. The medical care plan I develop for the child is made available, with parent permission, for use by others.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6

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5H. After a visit to the specialist, I discuss with the family the results of the visit to the specialist and answer any questions they may have	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
5I. My practice maintains a central record/database containing all pertinent medical information, including hospitalizations.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
5J. I provide copies of records free of charge to families.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
<b>Compassionate</b>						
6A. I feel like I know the families in my practice and have a good relationship with each of them.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
6B. In my practice, an effort is made to understand the needs of the family as well as the child.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
6C. I respect the varying socio-cultural values and beliefs of the families and do not let those values and beliefs affect my interaction with the child and his/her family.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
<b>Culturally Competent</b>						
7A. A translator or interpreter is provided for the families in my practice for whom English is a second language.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6
7B. The materials I distribute to the families in my practice have been translated into the primary language the family uses.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6

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7C. I ask about a family's beliefs, rituals, and customs, and attempt to understand and incorporate them into the treatment plan in a nonjudgmental way.	1	2	3	4	5	Reimbursement.....1 Time.....2 Lack of office staff.....3 Restricted by MCO.....4 Lack of Knowledge.....5 Other.....6

Please indicate your profession and specialty, if appropriate:

- ☐ Pediatrician  
☐ Specialist, specialty: \_\_\_\_\_  
☐ Family practice  
☐ General practitioner  
☐ Internal medicine  
☐ Nurse practitioner, specialty: \_\_\_\_\_  
☐ Physician assistant, specialty: \_\_\_\_\_

Your ethnicity (optional)

- ☐ African-American (non-Hispanic black)  
☐ Latino/Hispanic  
☐ Caucasian (non-Hispanic white)  
☐ Asian  
☐ Native American/Alaskan Native  
☐ Pacific Islander  
☐ Other: \_\_\_\_\_

Your age:

- ☐ Under 30  
☐ 30-39  
☐ 40-49  
☐ 50-59  
☐ 60-69  
☐ 70+

Your gender:

- ☐ Female      ☐ Male

Approximately what percent of your practice consists of children with special health care needs: \_\_\_\_\_%

Please indicate your zip code: \_\_\_\_\_